

Zoning Clearance Application For Group Homes / Assisted Living Facilities

The fee for this application is \$120.00

Facility Name		F	acility Owi	vner's Name	
Property Location/Address Contact Person				City, State, Zip Code	
				Phone Number	
Mailing A	Address			City, State, Zip Code	
Type of	f Facility Class o	r Subclass:			
	Behavioral Health		Child D	Day Care	
	Assisted Living fo Elderly		•	Home	
	Other:				
Briefly Describe the Services Provided:					
1					
For City Use Only Date Filed Zoning Verification No Assigned to					
Date File	e u	Zoning verification No	,	Assigned to	